



**2003 SURVEY  
ACCIDENT & HEALTH LINES OF BUSINESS IN WEST VIRGINIA  
FOR YEAR ENDING DECEMBER 31, 2003**

<b>COMPANY NAME:</b>	
<b>NAIC NUMBER:</b>	
<b>SURVEY CONTACT PERSON:</b>	
<b>CONSUMER CONTACT PERSON:</b>	
<b>TELEPHONE NUMBER:</b>	

**I. INDIVIDUAL LINES**

LINES OF BUSINESS		NUMBER OF POLICIES	NUMBER OF LIVES COVERED	DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED
AS OF DECEMBER 31, 2003					
1.	Comprehensive Major Medical				
2.	Other Medical (Non-Comprehensive)				
3.	Specified/Named Disease				
4.	Limited Benefit				
5.	Student Policies				
6.	Accident Only or AD&D				
7.	Disability – Short -term				
8.	Disability – Long-term				
9.	Long-term Care (Tax Qualified)				
10.	Long-term Care (Non-Tax Qualified)				
11.	Medicare Supplement (Medigap)				
12.	* Other				
<b>Total: Individual Accident &amp; Health</b>					

\* Please describe Other Ind. Accident & Health:

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## II. GROUP BUSINESS

LINE OF BUSINESS		NUMBER OF POLICIES	NUMBER OF LIVES COVERED	DIRECT PREMIUMS EARNED	DIRECT LOSSES INCURRED
AS OF DECEMBER 31, 2003					
1.	Comprehensive Major Medical				
	a. Small Group (2 to 50)				
	b. Large Group (51 and over)				
	c. Associations or Trusts				
2.	Other Medical (Non-Comprehensive)				
3.	Specified/Named Disease				
4.	Limited Benefit				
5.	Student Policies				
6.	Accident Only or AD&D				
7.	Disability – Short-term				
8.	Disability – Long-term				
9.	Long-term Care (Tax Qualified)				
10.	Long-term Care (Non-Tax Qualified)				
11.	Medicare Supplement (Medigap)				
12.	Medicaid				
13.	Stop-Loss/Excess Loss				
14.	Dental				
15.	TPA and ASO				
16.	* Other				
	<b>Total: Group Accident &amp; Health</b>				

\* Please describe Other Group Accident & Health:

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**III. MARKET ACTIVITY – Sections I and II, Subsection 1 (only) – COMPREHENSIVE**  
**Major Medical Lines of Business in West Virginia**

<b>Are you currently writing NEW business? <u>COMPREHENSIVE</u></b>	<b>NEW 2003 DIRECT PREMIUMS EARNED <u>COMPREHENSIVE</u></b>	<b>Are you currently renewing existing business?</b>
<b>As of December 31, 2003</b>		
Large Group <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Large Group <input type="checkbox"/> Yes <input type="checkbox"/> No
Small Group <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Small Group <input type="checkbox"/> Yes <input type="checkbox"/> No
Individual <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Individual <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Of the above NEW Business:</b>	<b>Number of NEW POLICIES Issued during 2003</b>	<b>Number of Lives covered under NEW POLICIES issued during 2003</b>	<b>Current Activity by line Responses should be (A, B, C, D or E) Only**</b>
Large Group			
Small Group			
Individual			

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- A. The Company does not have the product line
- B. The Company is actively marketing the product line
- C. The Company is renewing coverage in this product line, but not issuing new business
- D. The company is withdrawing from this product line
- E. Other describe \_\_\_\_\_